




Hazardous Materials Incident Report

(See Instructions on reverse *)

Description

Date & Time of Incident		Address of Facility Where Incident Occurred	
Facility Type (BMC, AMF, etc.)			
Location (Principal site of incident) <input type="checkbox"/> Workroom (Operation No.: _____) <input type="checkbox"/> Rewrap <input type="checkbox"/> Dock Area <input type="checkbox"/> Aircraft/Ramp <input type="checkbox"/> Surface Vehicle <input type="checkbox"/> Other: _____		Addressee (Complete name and address as shown on mailer shipper's certificate)	
Type (Check all that apply) <input type="checkbox"/> Leaking Parcel <input type="checkbox"/> Radioactive <input type="checkbox"/> Fire <input type="checkbox"/> Noxious Odor <input type="checkbox"/> Explosion <input type="checkbox"/> Other: _____		Mailer (Complete name and address as shown on mailer shipper's certificate)	
Cause (Check one that most likely caused incident) <input type="checkbox"/> Damage in Handling <input type="checkbox"/> Defective Closure <input type="checkbox"/> Inadequate Packaging <input type="checkbox"/> Failure of Inner Receptacle <input type="checkbox"/> Internal Pressure <input type="checkbox"/> Other: _____		Mail Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Standard A <input type="checkbox"/> Priority Mail <input type="checkbox"/> Standard B <input type="checkbox"/> First-Class <input type="checkbox"/> Non-Machinable Outside	
Contents <input type="checkbox"/> Liquid <input type="checkbox"/> Solid <input type="checkbox"/> Gas <input type="checkbox"/> Powder		Hazard Class *	Material Name *
			Is Material Mailable? * <input type="checkbox"/> Yes <input type="checkbox"/> No
Packing * 	Size (Length, depth, width) X X	Amount	Labeling
	Material	Inner Containers	Was Shipper's Certificate Affixed? <input type="checkbox"/> Yes <input type="checkbox"/> No (Was It Required? * <input type="checkbox"/> Yes <input type="checkbox"/> No)
Estimated Property Damage * \$	Estimated Work Hours Cost \$	Estimated Cleanup Hours	Other Costs \$
Injury/Exposure * <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number *	USPS Only? <input type="checkbox"/> Yes <input type="checkbox"/> No	Form 1769, Accident Report, Filed? <input type="checkbox"/> Yes (Accident No.: _____) <input type="checkbox"/> No	

Narrative

Follow-Up Action (You MUST Complete This Section)

When the incident was caused by non-mailable or improperly packaged hazardous materials, record contact with the mailer as required by Management Instruction EL-810-96-1.

Tour Superintendent/Facility Manager

Printed Name, Title, and Signature	Date	Work Phone (Include Area Code)
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GENERAL INSTRUCTIONS

The tour superintendent or facility manager must complete this report and mail copies within 48 hours of any incident involving hazardous materials. Distribute as follows:

Copy 1: SAFETY AND RISK MANAGEMENT
US POSTAL SERVICE
475 L'ENFANT PLAZA SW RM 9801
WASHINGTON DC 20260-4231

Copy 2: Local Inspector in Charge

Copy 3: File locally

Also complete appropriate accident forms, if necessary.

SPECIFIC INSTRUCTIONS

Location When "workroom" is checked, indicate operation number (e.g., 010) in space afforded.

Hazard Class	Hazardous Material	Class
	Explosives	1
	Gases	2
	Flammable Liquids	3
	Flammable Solids	4
	Oxidizing Substances and Organic Peroxides	5
	Toxic and Infectious Substances	6
	Radioactive Materials	7
	Corrosives	8
	Miscellaneous Dangerous Goods (e.g., irritating)	9
	Other Regulated Material	ORM-D

Material Name Use generic, trade, or chemical names. Be as precise as possible.

Is Material Mailable? Refer to Publication 52 for criteria on acceptability, packing, marking, shipper's certificate, etc.

Packing Indicate the size of the parcel; outer packing material (e.g., cardboard); amount of materials in parcel (e.g., 12 quarts); the type of inner containers (e.g., glass bottles); and any labeling on the package (e.g., DANGER, Hazardous Materials)

Estimated Property Damage Include damage to mail as well as damage to postal or private equipment or facilities.

Injury/Exposure Injury or exposure includes employee complaints (e.g., dizziness, odor, visits to the health unit, etc.). Enter the number of such complaints. Also indicate whether or not a Form 1769, Accident Report, was filed as a result of the incident.

Narrative Provide a detailed description of the incident consistent with the complexity of the situation. Use a blank sheet of paper if you need more space and attach a photocopy to each copy of this form.

Follow-Up Action Indicate what actions are planned by management to preclude further incidents.